		BUREAU OF VI CERTIFICAT		
ould state typortsat.	-	1. PLACE OF DEATH County Registration District I Township MIIII / Callad Primary Registration	7.916	43241 File No. 25
GE should be stated EXACTLY. PHYSICIANS should be statement of OCCUPATION is very in		Township. W. J. J. J. Gall. A. Primary Registration City	Begistered No. St. Ward (If nonresident give city or town and State) ds. How long in U.S., if of foreign hirth C. yrs. phos. ds. MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. I HEREBY CERTIFY, That I attended deceased from 19. 19. that I last saw h alive on 19. THE CAUSE OF DEAT; ** WAS AS FOLLOWS: No Manual Control on the date stated above, at 19. THE CAUSE OF DEAT; ** WAS AS FOLLOWS:	
arefully supplied. A may be properly cla		8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	CONTRIBUTORY. (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED	(duration) yrs. da
should be of, so that it	1	9. BIRTHPLACE (CITY OR TOWN) Tyling (STATE OR COUNTRY) 10. NAME OF FATHER Wathus	IF NOT AT PLACE OF DEATH!	P 8
information of plain terms		11. BIRTHPLACE OF FATHER (CITY OR TOWN) MARKAGEMENT (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER WARKAGEMENT	What test confirmed pragnosist. (Signed)	d Blan Son
ery item of i		13. BIRTHPLACE OF MOTHER (CDY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT INFORMANT		
N. B.—Evel		(Address) Fordland to (Attrice) 15. FILED 2-30 1931 Pall (Attrice) REGISTRAN	20. UNDERTAKER Starr	Cem. Des 31 193
N.	1			

CATISK OF

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc.. Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide, Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phebitis, pyemia, septicemia, tetanus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

PHYSICIANS should state UPATION is very important.	BUREAU OF V CERTIFICA 1. PLACE OF DEATH County Description Distriction Distriction	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH let No. 2/7	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. File No
I. B	2. FULL NAME. (a) Residence, No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTI 21. DATE OF DEATH (MONTH, DAY, AND 22. I HEREBY CERT I last saw h. alive on to have occurred on the late stated a The principal cause of death and relative to have occurred on the late stated a The principal cause of death and relative to have occurred on the late stated a The principal cause of death and relative to have occurred on the late stated a The principal cause of death and relative to have of the late stated a The principal cause of death and relative to have caused and the late stated a The principal cause of death and relative to have contributory causes of important what test confirmed diagnosis? 23. If death was due to external cause Accident, suicide, or homicide? Where did injury occurr? (Spec Specify whether injury occurred in Ind. Manner of injury Nature of injury 24. Was disease or injury in any way relative to the stated and the late stated a to have a stated a t	FICATE OF DEATH OYEAR Dec 30 .19 3/ IFY, That I attended deceased from ., to

14284-5